

VIATICALSETTLEMENT PROVIDER LICENSING APPLICATION CHECKLIST

1. A Viatical Settlement Provider License Application including the payment of a non-refundable application fee of \$1,000 made payable to "State of New Jersey – General Treasury";
2. A copy of the applicants charter or articles of incorporation as currently in force, certified by the lawful custodian of the original document;
3. A copy of the applicants bylaws as currently in force, certified by a senior officer of the corporation;
4. Six copies of the current audited annual financial statements including all supplemental exhibits and holding company organizational chart;
5. If assets include insurance policies, provide a valuation of those policies certified by an actuary who is a member of the American Academy of Actuaries or the Society of Actuaries;
6. For foreign corporations completed and executed forms:
 - a) Appointment of Attorney for the State of New Jersey appointing the Commissioner as attorney for service of process (form enclosed);
 - b) Irrevocable Consent to the Jurisdiction of the Commissioner of Banking and Insurance and the New Jersey Courts (form enclosed);
7. For publicly traded corporations, any Federal and/or State filings made within the past year;
8. A statement of ownership of the applicant which shall include all shareholders of record who control five (5) percent or more of the outstanding shares of the applicant, directly or indirectly;
9. A copy of any agreements by which the right to conduct or influence any of the affairs of the applicant is transferred to others;
10. Any employment or deferred compensation agreements in which any officer, director or shareholder who controls five (5) percent or more of the outstanding shares of the applicant, directly or indirectly, participates;
11. Any tender offer materials (advertisements, invitations etc.), if any tender offer has been made by the corporation or its parent to acquire another company within the three (3) years preceding;
12. Biographical affidavits, to be completed by all directors, senior officers and any shareholder of record who controls five (5) percent or more of the outstanding shares of the corporation, directly or indirectly, (format enclosed);
13. A schedule listing the following:
 - a) All jurisdictions from which the applicant has withdrawn during the preceding ten (10) years, and the reasons for withdrawal; and
 - b) All administrative, civil or criminal actions, orders, proceedings and determinations thereof to which the applicant, or its affiliates, or any of its directors, principal officers and/or any shareholder of record who controls five (5) percent or more of the outstanding shares of the corporation, directly or indirectly, have been subject in any jurisdiction

during the preceding ten (10) years. If an insurance or viatical license has been refused, suspended or revoked by any jurisdiction, the applicant shall furnish an explanation and a copy of any orders, proceedings, and determinations related thereto;

14. A corporate plan consisting of:

- a) A description of the applicant's present business plan(s) for conducting viatical business, including, but not limited to:
 - i. States in which business will be conducted;
 - ii. **Marketing methods** – describe how the applicant advertises and markets its business in general. More particularly, detail how the applicant contacts and communicates with individual clients/viators. Explain how marketing representatives and other individuals who have direct contact with clients/viators are recruited, trained and compensated;
 - iii. **Viatical Settlement Advertising or Solicitation** – submit a copy of all advertising or solicitation materials that the applicant uses or plans to use to attract potential viators, or to otherwise market, promote or publicize its business or services;
 - iv. **Materials Provided to Viator** – explain in detail what information is provided to the viator and by whom concerning the following subjects. Attach and describe any related written material provided to the viator not already attached in response to previous sections of this application;
 - (a) The catastrophic or life-threatening nature of the viator's illness;
 - (b) The viatical settlement contract;
 - (c) The benefits of the viator's life insurance policy;
 - (d) The release of medical records;
 - v. **Medical Information** – Explain applicant's procedures for keeping all medical information confidential. Attach and describe applicant's form letters, form medical releases, or other formatted written material used for this purpose;
 - vi. Financing strategy, including a description of controls in place to ensure that the strategy is followed;
 - vii. Criteria or limitation on size and quantity of policies. Is there a limit on the aggregate limit on one life? If so, what is the limit? Is there a cap on total exposures on all lives? If so, what is the cap?;
 - viii. Fraud prevention plan.
- b) A description of the applicant's proposed plan for conducting a viatical business in this State if it differs from Section a);
- c) A summary of arrangements with insurers to transfer risk, indicating the name of the insurers, retentions, maximum risks, types of business, types of agreements;
- d) Copies of all management, exclusive agency, administrative services, or any other operating contracts with insurers and affiliates of applicant where applicable, signed by the parties and certified to by the viatical's secretary and chief operating officer;

15. Pursuant to N.J.A.C. 11:4-35.1 et seq. identify the financial institution where an escrow or trust account will be established. Identify the independent trustee or escrow agent.

16. Provide a certificate of good standing from the state of domicile and from the New Jersey Secretary of State.

APPLICATION TO NEW JERSEY DEPARTMENT OF BANKING and INSURANCE
FOR ADMISSION AS A VIATICAL SETTLEMENT PROVIDER

New Jersey Department of Banking and Insurance
Life and Health Admissions
P.O. Box 325, Trenton, NJ 08625-0325

1. Type of Application Initial _____ Due to Change _____
Brief Description of change, if applicable _____

2. Name of Applicant _____
3. Physical Address of Applicant _____

4. Mailing Address _____

5. Organizational Information
_____ Individual _____ Corporation _____ Trust
_____ Sole Proprietor _____ Partnership _____ Other
6. City and State of Incorporation (if appl.) City _____ State _____
7. Federal Employer Identification number or _____ - _____
Social Security Number _____ - _____ - _____
8. Contact Person _____
9. Phone Number () _____
10. Toll Free Number (800) _____
11. Fax Number () _____
12. Resident Status _____ Resident of New Jersey
_____ Non-Resident of New Jersey

VIAT-PROVIDER.APP

If the applicant is not a resident of New Jersey, the applicant must complete and execute forms for Appointment of Agent for the Service of Process and for Irrevocable Consent to the Jurisdiction of the Commissioner of Banking and Insurance and the New Jersey Courts. Both of these forms are attached to this application.

Certifications

I certify that the proposed applicant, and all officers, directors, controlling shareholders or partners of the applicant, and all other individuals employed or affiliated with the applicant who are performing any of the acts listed in the definition of viatical settlement provider contained in N.J.S.A. 17B:30A-1 et seq.:

1. Have not misrepresented any fact in this application for the certificate of registration.
2. Have not been convicted, within ten years prior to the date of the application, of a felony or other crime involving fraud in any jurisdiction.
3. Are not conducting the applicant's financial affairs in such a manner as to jeopardize a viator's rights under a viatical settlement with the applicant, or under N.J.S.A. 17B:30A-1 et seq.
4. Are engaging in the business of viatical settlement lawfully in all states.
5. Have not violated any provision of N.J.S.A. 17B:30A-1 et seq., any other insurance law made applicable to the business of viatical settlements by N.J.S.A. 17B:30A-1 et seq., or any state or federal securities laws applicable to the business of viatical settlements.

Signature of Applicant

Full Legal Name (Type or Print)

Title

Date

**IRREVOCABLE CONSENT TO JURISDICTION OF THE COMMISSIONER
OF BANKING and INSURANCE AND NEW JERSEY COURTS JURAT**

THE STATE OF _____ }
COUNTY OF _____ }

Before me, _____ on this day personally ap-
peared _____

_____ both known to me to be the persons whose names are subscribed to the fore-
going instrument, and acknowledged to me that they executed the same for the purposes and
considerations therein expressed, in the capacities therein stated, and as the act and deed of
_____.

(name of company)

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my offi-
cial seal this _____ day of _____, 20_____.

Notary Public in and for _____
County, State of _____

(Notary Seal)
My Commission Expires

STATE OF NEW JERSEY

Department of Banking and Insurance

Appointment of Attorney for the State of New Jersey

KNOW ALL MEN BY THESE PRESENTS: That the _____
of the _____ of _____ in the
_____ of _____, desiring to do business
in the State of New Jersey in conformity with the laws thereof, hereby, constitutes and appoints
the Commissioner of Banking and Insurance of New Jersey, and his or her successor in office, to
be its true and lawful Attorney, upon whom all original process in any action or legal proceeding
against said _____ may be served. And the said
_____ hereby stipulates and agrees that any original process
against it, which is served upon said Attorney, shall be of the same legal force and validity as if
served upon said _____, and that the authority
of said Attorney shall continue in force irrevocable so long as any liability of said
_____ remains outstanding in New Jersey.

IN WITNESS WHEREOF, The said _____ has
caused these presents to be subscribed by its President, and attested by its Secretary, and its
corporate seal to be hereunto affixed, this _____ day of _____ 20____.

(Corporate Seal--if applicable)

President
(or authorized representative)

Attest:

Secretary
(or authorized representative)

Appointment of Attorney for the State of New Jersey Jurat

THE STATE OF _____ }
COUNTY OF _____ }

Before me, _____ on this day personally appeared _____
_____ both known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and considerations therein expressed, in the capacities therein stated, and as the act and deed of _____.

(name of company)

IN TESTIMONY WHEREOF, I hereunto sign my name and affix the impress of my official seal this _____ day of _____, 20_____.

Notary Public in and for _____
County, State of _____

(Notary Seal)
My Commission Expires
